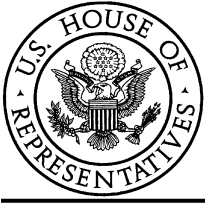


PRIVACY RELEASE FORM FOR ALL CASES EXCEPT IMMIGRATION



United States Representative

ROSA DELAURO

3rd Congressional District of Connecticut

Mail or Fax To:

59 Elm Street, Suite 205
New Haven, CT 06510-2036
Tel: (203) 562-3718
Fax: (203) 772-2260

The Privacy Act of 1974 requires written consent from the individual/constituent before Congresswoman DeLauro can obtain information from government agencies on your behalf. Please complete, hand sign and return this form to Congresswoman DeLauro's office.

PLEASE TYPE OR PRINT

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ MD ☐ PhD ☐ Other _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work/Cell: _____

Email: _____

Date of Birth: ____/____/____

Social Security Number _____

(For relevant cases only: i.e. Medicare, SSA, IRS, VA etc.)

Please check the corresponding box below:

☐ Child Support ☐ Grants ☐ Health Insurance ☐ Housing ☐ Medicare ☐ Military ☐ Veteran Affairs
☐ Social Security ☐ Other _____

Other Identification (i.e. account#, claim# etc.): _____

Have you contacted any other elected official to assist with your issue(s) or concern(s)? ☐ Yes ☐ No

If so, please write his/her name: _____

Do you currently have an attorney working with you? ☐ Yes ☐ No

If so, attorney's name: _____ phone: _____

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, _____ authorize the Office of Congresswoman Rosa L. DeLauro to address the
Print your name

matter described on my behalf and receive all relevant information to the extent permitted under the law to the Congresswoman and her staff in their efforts to provide assistance to me.

Hand Signature
(electronic signatures are NOT accepted)

Date

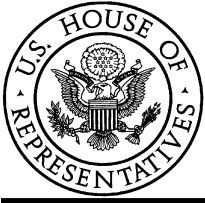
Office Use Only:

Staff _____ Case Code _____

Date ____/____/____ AFFL _____

CAID _____ WID _____

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Please provide details of your issue(s) and or concern(s) and with which federal agency: *(if you need more space, attach separate sheet)*

Third-Party Authorization (Complete this section only if you are designating the person named below to give or receive information about your case status.) **Please Note:** *Third-Party does not have authorization to make binding decisions unless documented Power of Attorney information is provided.*

Name: _____

Relationship To You: _____

Email: _____

Phone: _____

Your Hand Signature
(electronic signatures are NOT accepted)

Date